



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Minority Health and Health Disparities (MHHD)
Acting Director: Arlee Wallace

Phone: 410-767-7117 – Fax: 410-333-7525
www.dhmh.maryland.gov/mhhd - Room 500

October 1, 2015

Re: FY 15 EMBRACE Program

Dear Interested Applicant,

The Office of Minority Health and Health Disparities (MHHD) is seeking interested applicants to apply for a federal fiscal year 2015 Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE) Grant for the next five years pending the continuation of funding for this project.

The Request for Applications (RFA) announcement is attached. The RFA outlines the requirements for the federal fiscal year 2015 grant year. The MHHD respectfully requests that careful consideration and planning be made to ensure that maximum service to the program is maintained. Please submit a typed, signed in blue-ink, unbound original application and four copies in accordance with the request for application instructions. **Applications must be physically in the MHHD office by Friday, October 30th, 2015; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. **In addition to the hard-copies of the application, we are requesting that an electronic copy of the entire application be sent to: arlee.wallace@maryland.gov.**

Interested applicants should address questions or comments to me email or by calling 410-767-1052. Thank you for your interest.

Sincerely,

Arlee Wallace

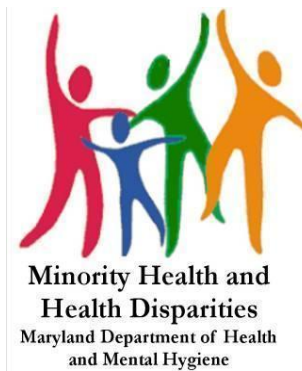
Arlee Wallace, Acting Director
Minority Health and Health Disparities

Enclosure
cc:

Department of Health and Mental Hygiene

**Educating Minorities about Benefits Received After Consumer Enrollment
(EMBRACE)**

Federal Fiscal Year 2015



Office of Minority Health & Health Disparities

October 1, 2015

REQUEST FOR APPLICATION (RFA)
EMBRACE Program Federal FY 2015
Table of Contents

A. BACKGROUND.....	5
B. RFA SCHEDULE	5
C. ELIGIBILITY AND AWARD INFORMATION.....	5-7
D. APPLICATION OUTLINE AND CONTENT.....	7-8
E. MEDICAL/PUBLIC HEALTH PARTNERSHIPS (LINKAGE OF SERVICES).....	9
F. EMBRACE PROGRAM GOALS AND OBJECTIVES.....	9-10
G. FISCAL REQUIREMENTS AND COMPENSATION	11
H. APPLICATION SUBMISSION AND PROCESS.....	12
J. APPENDICES.....	12

REQUEST FOR APPLICATIONS (RFA)
Office of Minority Health and Health Disparities (MHHD)
Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE)
October 1, 2015

A BACKGROUND:

As of February 2015, there were 289,131 Marylanders who had signed up for health insurance through the Maryland exchange, *Maryland Health Connection*. That includes 122,778 people enrolled in private Qualified Health Plans (QHPs) and 166,353 enrolled in Medicaid. In Prince George's County 50,999 individuals signed up for health insurance on the exchange. Many of those signing up for this insurance were either long term uninsured or were first time health insurance customers. The move from uninsured to fully insured and health insurance literate is a complicated process, for both the newly insured and for the healthcare system where they use that insurance.

The architects of the Affordable Care Act (ACA) did not anticipate that the newly insured would continue to seek primary care in hospital emergency rooms, but according to the American College of Emergency Physicians, the rates of insured individuals coming to the emergency department (ED) with ambulatory sensitive conditions has risen. There are a number of possible reasons for this rise. Many newly insured patients may not be linked to a primary care physician, or may not know how to properly access services. Additionally, patients who have not been insured may not be accustomed to making appointments with physicians who have limited office hours, as they have been using emergency rooms which are open 24 hours a day. First time insured who are now paying monthly premiums for insurance may not understand why they also have to pay deductibles and co-payments for physician visits. Many individuals are finding that properly using health insurance can cost more out-of-pocket at the time of service than visiting an ED when they are ill.

While efforts are underway in the state to help the newly insured use their new coverage efficiently, many of those who most need assistance are not being reached. Current efforts include videos on the ACA and Maryland Health Connections websites on how to use insurance, ACA call centers, printed materials distributed the ACA, and guidance from insurance carriers and individual health clinics. MHHD EMBRACE project intends to reach individuals struggling to adapt to their new health insurance plans. EMBRACE will target six identified zip codes where a high percentage of residents were uninsured prior to the enactment of the ACA. The six zip codes lie in the western corner of Prince George's County and the bordering region of Montgomery County: 20712, 20737, 20781, 20782, 20783, and 20903.

For the next five years, if funding continues, MHHD will deploy components of its logic model to improve the health insurance literacy of newly insured individuals and direct them to appropriate primary care services, to navigate, direct, and aide with enrolling non-insured eligible individuals to Maryland Health Connection for health coverage, and to direct non-eligible individuals away from the ED and into Federally Qualified Health Centers.

B RFA SCHEDULE

October 1, 2015	RFA issued
October 14, 2015	Q&A regarding RFA
October 30, 2015	RFA proposals must be received by the Office of Minority and Health Disparities no later than
November 13, 2015	Cooperative Grant Agreement Executed
November 16, 2015	Contract begins

C ELIGIBILITY AND AWARD INFORMATION:

The Office of Minority Health and Health Disparities (MHHD) will issue **one grant** for an organization to participate in a federal sponsored program.

Grant applicants must have non-profit organizational status in the state of Maryland. It is preferable that the organization have a history of providing services to residents of the jurisdiction being targeted.

Applicants **must** include a letter of ***Good Standing*** with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21411. For guidance to receive a letter of good standing call 410-260-7434. Please enclose a copy of your organization I-9 Form.

The estimated funding period will be for four and half years pending acceptable performance and availability of funds. A continuation grant application must be resubmitted every year highlighting the accomplishments from the previous year and stating the new program focus for the upcoming fiscal year.

Awards will be issued as Cooperative Agreement, a form of grant that allows for substantial state involvement. A cooperative agreement methodology is utilized allowing support and oversight by MHHD to assist with implementation and expected outcomes.

Substantial involvement by the state may include but is not limited to the following functions and activities:

1. Review and approval of action plans and budgets before work can begin on a program during the period covered by this assistance or when a change in scope of work is proposed.
- 1) Any publications (pamphlets, posters, fliers, media messages, etc.) funded with MHHD funds must be forwarded to MHHD for review and approval prior to publication, to ensure

consistency with MHHD objectives.

- 2) Review of proposed program personnel, consultants, sub-contracts and sub-grantees prior to the execution of agreements.
- 3) In accordance with applicable laws, regulations, and policies, the authority to take corrective actions if detailed performance specifications (e.g. activities in this funding guidance; approved action plan activities; budgets; performance measures and reports) are not met.

Funding is dependent on the availability of federal appropriated funds, satisfactory performance, and a decision that funding for this cooperative agreement is in the best interest of the State.

D APPLICATION OUTLINE AND REQUIREMENTS:

The Format

The grant application should be no less than seven (7) pages and no more than 10 pages long (not including budget pages, appendices and written budget narrative justification), using 12 pt. font, Times New Roman, 1 inch margins, double spaced, and each page numbered sequentially.

Grant Application Cover Letter:

Place on your organization's letterhead a detailed cover letter which states your intent to submit an application for funding consideration. The purpose of the cover letter is to introduce the organization and the application. The authorizing official should sign and provide the contact name and phone number for the EMBRACE Program Director. The federal tax identification number should be provided.

Applicant's Organizational Capability and Personnel:

Provide a narrative outlining the organization's experiences and abilities to account for/manage the proposed grant and to provide services to the targeted newly enrolled consumer population. Include information regarding the organization's ability and experiences in promoting health education; the agency's background, structure, mission; and current and past performances with similar grants. Additionally, provide the names, position titles, education, experience and resume of the proposed local EMBRACE Program Manager, outreach workers and all others who will be paid by EMBRACE Program funds. The Program requires a minimum of 1 FTE of outreach workers. At least 0.5 FTE of the outreach workers must be bilingual. Describe the role and responsibilities of each person. Identify who will be responsible for financial management, submission of fiscal forms and interfacing with the EMBRACE Program Fiscal Officer and/or Program Manager.

Grant Application Narrative:

- 1 **Community Experience and Partners:** Describe the demographics and community conditions of the target area. Describe how your organization has the capacity to provide services to the described community. Provide a summary of your organization's longevity in the county and experience with the targeted group. Summarize specific activities that have occurred with the targeted group and the outcomes of the activities performed in conducting outreach during past years.
- 2 **Strategies:** Describe specific strategies and deliverables to achieve program components listed in of this RFA. Examples of strategies and deliverables include:
 - a Identify staff support, indicating **a dedicated staff person to the program;**
 - b Develop, promote and hold education sessions on i) Health insurance access and literacy and

- ii) Choosing a provider and accessing primary care services;
 - c Work with individuals referred to your organization by program partners;
 - d Monitor progress and outcomes and keep all parties informed of program activities and trends;
 - e Evaluate process and outcomes and redirect interventions to ensure intended and desired results;
 - f Maintain partnerships with other jurisdictions and DHMH programs to collaborate on interventions;
 - g Involve healthcare providers, insurers, and other health advocates, to utilize existing networks and community assets;
- 3 **Local Jurisdiction Resource Commitments:** Describe executive and staff linkages who will partner with MHHD to implement and manage the program. Identify other resources, such as work space and materials. Describe a working partnership with other jurisdictions if applicable.
- 4 **Personnel:** Using a budget justification format, provide the names, position titles, and job descriptions of the proposed local EMBRACE Program Manager, outreach workers and all others who will be paid by EMBRACE Program funds. Include the time commitment of the dedicated staff persons and contracted workers. No more than **7%** of the program budget should be used for administrative costs. See **Attachment B** for a sample budget justification format.
- 5 **Action Plan:** Provide a detailed action plan that includes the goals, measurable objectives, intervention activities planned to achieve each objective, how each objective will be measured, the time frame for each activity and the team members responsible for carrying out the activities. The action plan must address:
- a **Newly Enrolled Consumers and the Uninsured:** Describe specific actions for the targeted newly enrolled consumer and uninsured populations that will be undertaken to achieve each objective and list specific dates for completion of each task. Task or activity should relate to the objectives proposed. A sample EMBRACE Program Action Plan is attached (**Attachment A**), which demonstrates how to outline proposed activities, timeline, lead staff, and performance measures.
 - b **Data Management Plan:** Describe how you will (a) collect activity data; (b) monitor process [did the activities take place and how effective were they]; (c) present outcome [how did the racial/ethnic group benefit from the activity] and (d) what evaluation methods will be used [i.e. activity logs, sign-in sheets.]
 - c **Plan for Inclusion and Outreach to newly enrolled consumer:** Describe methods and activities that are designed to meet goals that are specific to the community of interest. Include information on translation services and multilingual staffing, cultural contexts that are unique and activities that demonstrate recruitment activities from the minority community as partners not just as clients.
 - d **Plan to Ensure the Cultural Competency of Project Personnel:** Describe any cultural competency assessments or trainings that you plan for project personnel to ensure that they understand the cultural and linguistic needs of the target community. .
 - e **Strategic Placement in the Community of Interest:** Describe planned activities that are relevant to the newly enrolled consumer or uninsured individual sponsored by partners in the community. Describe how your organization intends to partner with them to deliver or expand on services and information. Also, describe events and materials that you plan to use or expand to serve the targeted six zip codes.

E MEDICAL/PUBLIC HEALTH PARTNERSHIPS (LINKAGE OF SERVICES)

The Program site must have the ability to link newly enrolled consumers to the appropriate primary care services through partnerships or agreements that exist between the community-based organization and a

health care or service provider (i.e. physician practices, health systems, local health department, etc.). Program sites should maintain regular contact with the newly enrolled consumers that are referred or recruited by the local program. Regular contact through telephone calls, home visits, attending physician practice or clinic visits with the consumer, and/or the consumer's involvement in programs or workshops sponsored by EMBRACE Program site.

Medical/public health partnerships should be listed in the grant application and a detailed description of the services that the partner will provide for the EMBRACE Program.

The Program site is also expected to provide referrals to social and other services as needed.

F EMBRACE PROGRAM GOALS AND OBJECTIVES

Goal Statement

The goal of the EMBRACE Program is to assist the Office of Minority Health and Health Disparities with increasing the number and percent of population appropriately utilizing primary care services. One necessary condition for improving population health and reducing health care costs is to have all of the population receiving appropriate primary care services; both preventive services and treatment services (acute treatment, and chronic disease management).

Program: As the CBO vendor selected you are expected to comply with the following operational and reporting guidance:

- 1 **Target Group:** Program activities, goals and objectives must reach newly enrolled consumers.
- 2 **Progress Reports:** the Program site will submit a quarterly report of progress towards action plan goals. The report should highlight activities and accomplishments as well as any difficulties or barriers in attaining target goals for that quarter, with details on a plan of action to overcome identified barriers. Copies of event fliers, attendance records, culturally appropriate or translated materials developed, pictures, screen shots of social media, and agendas developed for workshops, programs and coalition meetings should be included in the report.
- 3 **Reporting System:** the Program site must agree to participate in the Electronic Information and Data Reporting (EIDR) System. This system allows the grantee to document activities completed, progress on performance measures, and evaluation of outcomes/impact of the proposed program.
- 4 **Action Plan:** the Program site must be able to demonstrate the implementation of the EMBRACE Program Action Plan, detailing proposed activities to meet the program objectives and methods used to document all activities and results. The required report format and frequency of submission will be provided by MHHD. **Please refer to Attachment A
- 5 **Meetings:** the Program site must attend/participate in: 1.) mandatory trainings; 2.) regional meetings; and 3.) conference call meetings held by the grantor; and attend recommended conference(s) as requested by the funding administration.
- 6 **Site Visits:** At minimum, two (2) site visits will occur and staff will need to be available to answer questions, demonstrate program work flow, and review procedures and program materials with DHMH representatives.

Goals, Objectives and Performance Measures:

The goals, objectives and performance measures listed below will help to determine the progress of your program throughout the fiscal year. Progress on the performance measures will be evaluated on an ongoing basis.

Goal 1: Provide general education to the community regarding the value of having health insurance and about resources for assistance with enrollment through the Maryland Health Connection

Objective 1: Hold at least six educational sessions per year regarding the value of having health insurance and about resources for assistance with enrollment.

- Performance Measure 1.1: Number of educational sessions held
- Performance Measure 1.2: Number of attendees at educational sessions
- Performance Measure 1.3: Number of informational materials distributed
- Performance Measure 1.4: Number of one-on-one interactions with individuals resulting from the general outreach
- Performance Measure 1.5: Number of referrals made to the connector.

Goal 2: Provide general education to the community regarding how health insurance works and about how to properly use health insurance and primary care to maintain health and manage illness.

Objective 2: Hold at least six educational sessions per year regarding how health insurance works and about how to properly use health insurance and primary care to maintain health and manage illness.

- Performance Measure 2.1: Number of educational sessions held
- Performance Measure 2.2: Number of attendees at educational sessions
- Performance Measure 2.3: Number of informational materials distributed
- Performance Measure 2.4: Number of one-on-one interactions with individuals resulting from the general outreach
- Performance Measure 2.5: Number of referrals made to primary care.

Goal 3: Provide individual education and support to persons identified through the general education and outreach or referred by EMBRACE partners (hospitals, Medicaid program) to assist with insurance enrollment and/or linkage and use of primary care services.

- Performance Measure 3.1: Number and percent of assisted persons in need of insurance enrollment who completed enrollment.
- Performance Measure 3.2: Number and percent of assisted persons in need of linkage to primary care who completed at least one primary care visit.

G FISCAL REQUIREMENTS AND COMPENSATION

Fiscal: Each program site must comply with the fiscal guidance for this grant:

- 1 **Budget:** Submit a year one, 12 month line-item budget and an accompanying budget narrative that explains in detail how each line item budget figure is estimated. Provide years two proposed budget and budget narrative.
- 2 **Fiscal Reports:** The applicant will follow guidance as provided in the DHMH Human Services Agreement Manual (HSAM). Program progress reports will be submitted on a monthly basis using a format provided by DHMH and will be used to support fiscal reporting. Fiscal reports are due whenever payment is requested and should be completed by using DHMH Forms 437, 438 and the Attestation Form. (***See attached forms**) A year-end fiscal report that reconciles actual expenditures and performance measures (DHMH FORMS 438) achieved using the EMBRACE grant format, along with DHMH Forms 440 and 440A will be submitted.

The HSAM provides guidance for the financial management of program development pilot grants. The applicant must complete and submit the applicable DHMH 432A-H HSAM forms. A program grant award will be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.

*All fiscal documents will be provided to applicants in a separate packet.

***Note:** Successful vendor should submit outreach accounts on a monthly basis (narrative and statistical reports) and a final report on or before July 31, 2016.*

- 3 **Available Funds:** A maximum of **\$72,000** is available for the EMBRACE Program site. These funds are available on an annual basis depending on the availability of federal appropriated funds, satisfactory performance, and a decision that funding for this cooperative agreement is in the best interest of the State.
- 4 **Payment Terms and Process:** Successful applicants are eligible for an advance of **33%** of the total grant award. Subsequent funds will be provided upon receipt of an expense report and payment request accompanied with acceptable progress reports on achieved performance measures. (**See attached form DHMH 437**)

***Note:** Funds should be directed towards enhancing programmatic services (outreach, education, enrollment), and materials, not towards clinical services, social media, or medical materials.*

- 5 **Closeout Fiscal Report:** Successful applicant must submit DHMH 440 and 440A by August 31, 2016.
- 6 **Fiscal Forms:** Completion of DHMH Forms 432 A-H, Form 433 and Form 434 in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete. Incomplete applications may not be reviewed at the discretion of the funding administration. ***See attached forms.**

- 7 **Administrative Costs:** For federal fiscal year 2015, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.

H APPLICATION SUBMISSION PROCESS AND DEADLINE:

Application must be physically and electronically in the MHHD office by: **October 30; no later than 3:30 PM.**

IMPORTANT: Submit one original unbound copy along with four (4) additional copies. In addition to the hard-copy of the application, we are requesting that an electronic copy of the entire application be sent to: arlee.wallace@maryland.gov.

For additional information, please contact Arlee Wallace at 410-767-1052 or by email, arlee.wallace@maryland.gov.

**Issued by: Department of Health and Mental Hygiene
Maryland Office of Minority Health and Health Disparities
201 West Preston Street, Room 500
Baltimore, Maryland 21201
410-767-7117**

I APPENDICES

Attachment A: Program Action Plan Template

Attachment B: Sample Budget Justification Format

Attachment A:

Sample Action Plan

Provide a detailed work plan that includes the goals, measurable objectives, intervention activities planned to achieve each objective, how each objective will be measured, the time frame for each activity and the team members responsible for carrying out the activities.

Timeframe Type: Quarterly		Minority Group Target: <input checked="" type="checkbox"/> African Americans <input checked="" type="checkbox"/> Hispanics <input type="checkbox"/> Asian Americans/PI <input type="checkbox"/> American Indians		Team Member Responsible for Activity
Goal 1: _____				
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		

Timeframe Type: Monthly		Minority Group Target: <input type="checkbox"/> African Americans <input checked="" type="checkbox"/> Hispanics <input type="checkbox"/> Asian Americans/PI <input type="checkbox"/> American Indians		
Goal 2: _____				
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		

Timeframe Type: Weekly		Minority Group Target: <input checked="" type="checkbox"/> African Americans <input checked="" type="checkbox"/> Hispanics <input type="checkbox"/> Asian Americans/PI <input type="checkbox"/> American Indians		
Goal 3: _____				
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		
Objective: _____	Activities: _____	_____		
	Tasks: _____	_____		

Attachment B:

EMBRACE PROGRAM FEDERAL FY 2015

SAMPLE BUDGET JUSTIFICATION

A. Salaries/Special Payments

\$50,000

Program Director

.25 FTE

\$15,000

Margaret Doe: To direct the local Embrace Program components; implement and monitor the approved action plan, supervise employees, guide consultants, manage, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.

Outreach Worker A

1.0 FTE

\$35,000

Vacant: To provide community outreach to both English and Spanish Speaking residents. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the Program Director.

B. Fringe Benefits

\$10,000

Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.

C. Consultants

\$2,500

Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and technical assistance.

D. Equipment

\$2,500

1 computer, printer and software - \$2500

E. Telephone

\$100

To cover cost of two phones to use for EMBRACE Program.

F. Purchase of Service

G. Food

\$600

To cover costs of light refreshment provided at twelve EMBRACE Programs with about 30 persons in attendance at each full documentation will be maintained and available to the MHHD's EMBRACE Program authorizing officials or auditors. Documentation will be maintained on file for audit.

H. Office Supplies

\$200

Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.

I. Postage

\$390

500 contact persons x 2 mailings x .39 = \$ 370

Postage for educational mailings, recruitment of minorities and local partners.

J. Printing/Duplication

\$75

1,000 brochures for mailing to community racial/ethnic groups

K. Travel In-State **\$230**

20 trips X 20 Miles X 57.5 cent per mile

For Outreach Worker travel to provide community presentations and follow-up

L. Legal/Accounting/Audit **\$365**

To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.

M. Other

If any, must be itemized and details given showing how the costs are calculated.

N. Indirect Costs

Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.

O. Total Costs **\$67,050**

This total is the same as DHMH/MHHD funding because no other funds are being received for services provided under the cooperative grant agreement.

P. DHMH Funding **\$67,050**

